



DEPARTMENT OF HEALTH AND SENIOR SERVICES

Board of Nursing Home Administrators

Attn: Fee Receipts

PO Box 570, 3418 Knipp Drive

Jefferson City, MO 65102-0570

Phone: (573) 751-3511

Email: bnha@dhss.mo.gov

Fax: (573) 526-4314

Web: <http://www.health.mo.gov/bnha>

Application to Retire Missouri Nursing Home Administrator License

Step 1 of 4 – OFFICIAL BOARD INFORMATION

First Name: _____ Last Name: _____ License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell/Other: (____) _____ Email: _____

Employer Name: _____ Current Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Step 2 of 4 – REQUEST TO PLACE LICENSE IN RETIRED LICENSURE STATUS

I am retired from the practice of long term care administration and hereby further state that *I have maintained an active administrator license for at least ten years* between the dates of _____ and _____.
(Date) (Date)

I understand that I cannot act or serve in the capacity of a licensed administrator or hold myself out as a licensed administrator once the license is retired. In addition, I further understand that a retired license shall remain subject to disciplinary action for violations of Chapter 344, RSMo and the rules promulgated thereunder.

Please sign and date below; return this application along with your wall license and wallet card, along with the \$50.00 fee to the address listed above on or before June 30 of the expiring licensure year.

Step 3 of 4 – SIGNATURE

I hereby affirm under the penalty of perjury, that all information contained in this application is true and correct to the best of my knowledge and belief and that all supporting documents will be maintained in my file for four years. I understand that falsification of information may constitute grounds for discipline of my license pursuant to Section 344.050, RSMo.

SIGNATURE

DATE